

Hamlin Tool & Machine, Inc.
1671 East Hamlin Rd

Rochester, MI 48307

REMIT TO:
Hamlin Tool & Machine Company
1671 East Hamlin Rd

Rochester, MI 48307

INVOICE NUMBER
SID 064357

S GMC1200
O DELPHI SAGINAW
L
D NAO DISBURSEMENTS
INVOICELESS SUPERVISOR
PONTIAC, MI 48343-6040
T
O

S 05
H DELPHI S PLANT 5 FWD AXLES
I
P 3900 EAST HOLLAND RD.
CISCO: 44025 SAP#K905
SAGINAW, MI 48601
T United States
O

SUPPLIER CODE		TERMS		F.O.B.		INVOICE DATE	
057015273		2nd day 2nd month		ROCHESTER, MI		09/16/05	
SHIP DATE	SHIPPER NO.	SHIPPED VIA		GROSS		TARE	NET
09/16/05	064357	BAX GLOBAL		93		21	90
P.O. NUMBER	CUSTOMER PART NUMBER DESCRIPTION			QUANTITY SHIPPED	UOM	UNIT PRICE	AMOUNT
SAG90I0236	07834482 RETAINER, GREASE INTERNAL #: 1159			6,000	EA	.0535	\$321.00
							\$0.00
						Subtotal	\$321.00
						Sales Tax	\$0.00
						Freight Charges	\$0.00
						Invoice Total	\$321.00
Disc Available	\$0.00						
						Funds: USD	

DATE	INVOICE NO./ PACKING SLIP NO.
09/15/05	SID 64357
	BILL OF LADING
	64357

SOLD TO
GMACQ-DELPHI SAGINAW
1200
NAO DISBURSEMENTS
INVOICELESS SUPERVISOR
P.O. BOX 436040
PONTIAC, MI 483436040

NUMERICAL FILE COPY

GLOBAL 440 EXCHANGE
IRVINE, CA 92602



DATE: 3/15/07	ORIGIN: DTW	DESTINATION:
SHIPPER'S REFERENCE NO. 64357		
COMPANY: HAMLIN TOOL & MACHINE	SHIPPER'S ACCOUNT NO. 25139745E	DEPT./FLOOR:
FROM YOUR NAME: A. J. D. J. L.	PHONE NO.:	
STREET ADDRESS: 1671 HAMLIN RD		
CITY: ROCHESTER	STATE: MI	ZIP REQUIRED: 48307

BILLING INFORMATION	
<input type="checkbox"/> PREPAID (SHIPPER)	CASH RECEIVED PAID IN ADVANCE
<input type="checkbox"/> COLLECT (CONSIGNEE)	RATE QUOTE NUMBER
3RD PARTY (ACCT. NO. REQ'D.)	
ACCOUNT NO. 643939531	
COMPANY/NAME: D. J. P. H.	
C.O.D.	BAX GLOBAL WILL COLLECT CONSIGNEE'S CHECK MADE PAYABLE ONLY TO THE SHIPPER FOR THE VALUE OF THE GOODS IN THE AMOUNT SHOWN.

AIRBILL NUMBER 701 725 430

AIRBILL NUMBER 701 725 430

CONSIGNEE'S REFERENCE NO.		CONSIGNEE'S ACCOUNT NO.	
COMPANY: D. J. P. H.	DEPT./FLOOR: 500	PHONE NO.:	
TO (CONSIGNEE NAME): CISC 44025 SAP 1200			
ACCURATE STREET ADDRESS (BAX CANNOT DELIVER TO A P.O. BOX): 3700 HOLMAN RD.			
CITY: SAGINAW	STATE: MI	ZIP REQUIRED: 48601	

HANDLING INFORMATION (SPECIAL RATE MAY APPLY)					
<input type="checkbox"/> DANGEROUS GOODS	<input type="checkbox"/> SATURDAY DELIVERY	<input type="checkbox"/> SPECIAL DELIVERY	<input type="checkbox"/> CONVENTION		
SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION:					
RMK 1:					
RMK 2:					
NO. OF PCS.	WEIGHT	LENGTH	WIDTH	HEIGHT	DESCRIPTION
					NEW PARTS
TOTAL PCS. 1	TOTAL WT. 93	SKIDS SAID TO CONTAIN 1		NO. OF PIECES	
RELEASE SIGNATURE X (SENDER AUTHORIZES BAX TO DELIVER SHIPMENT WITHOUT A DELIVERY SIGNATURE AS PER CONDITIONS ON REVERSE OF THIS PAGE.)					

DECLARED VALUE \$	
RECEIVED BY BAX AT	OUTSIDE CARRIER: \$
<input type="checkbox"/> SHIPPER'S DOOR	
<input type="checkbox"/> BAX TERMINAL	
CHARGES ADVANCED PRO NUMBER	
CARRIER NAME	

I certify that this cargo does not contain any unauthorized explosives, incendiaries or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least thirty days.

SHIPPER / REPRESENTATIVE SIGNATURE: SIGN NAME X PRINT NAME X DATE

RECEIVED BY BAX GLOBAL DRIVER / AGENT	
Shipper must sign this bill and produce the proper identification. One government issued photo ID is acceptable. If this cannot be furnished, the FAA requires 2 forms of ID, one of which must be government-issued, non-photo.	
Driver Signature: [Signature]	1st personal ID reviewed: # appearing on ID <input type="checkbox"/> YES <input type="checkbox"/> NO
Print Name: [Signature]	2nd personal ID reviewed: # appearing on ID <input type="checkbox"/> YES <input type="checkbox"/> NO
Pick Up Date: 3/15/07	Matched photo on ID? <input type="checkbox"/> YES <input type="checkbox"/> NO
Time: 13:00	Matched photo on ID? <input type="checkbox"/> YES <input type="checkbox"/> NO
Non Negotiable Airbill Conditions of Carriage On Reverse Side	
(IN ORDER TO EXPEDITE, SHIPMENT MAY BE DIVERTED TO MOTOR OR OTHER CARRIER AS PER TARIFF RULE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.)	

OP 100 (04-04) SHIPPER COPY

1-800-CALL-BAX
FOR INFORMATION OR THE
BAX OFFICE NEAREST YOU

SERVICE REQUESTED	
GUARANTEED SERVICES	
<input type="checkbox"/> CALL YOUR LOCAL BAX STATION	<input type="checkbox"/> Guaranteed First Arrival (EMR 1)
<input type="checkbox"/> Overnight (EMR 2)	<input type="checkbox"/> Guaranteed Airport-to-Airport (EMR 3)
<input type="checkbox"/> 2nd Day (ER2 D)	

STANDARD SERVICES	
<input type="checkbox"/> OVERNIGHT (NEXT BUSINESS DAY)	<input type="checkbox"/> BAX SAVER
<input type="checkbox"/> SECOND DAY	<input type="checkbox"/> NEXT FLIGHT AVAILABLE
<input type="checkbox"/> OTHER	

CARRIER: BAX GLOBAL

BAXG

CARRIER'S NO.:

SHIPPER'S NO.:

From **HAMLIN TOOL AND MACHINE COMPANY, INC.**At **ROCHESTER, MICHIGAN 48307****D-U-N-S #057015273**

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to DELPHI S PLANT 5 FWD AXLES (Mail or street address of consignee — For purposes of notification only.)
3900 HOLLAND RD.
CISCO: 44025 SAP#: K905

SAGINAW, MI 48601

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORRECTION)	CLASS RATE OR	CHECK COL
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Supplier# 057015273 SID #

3	PCS71 CARTON	64357	90	NET WT.
			3	TARE WT.
			93	GROSS WT.

DELPHI S PLANT 5 FWD AXLES

T O T A L S

90 TOT NET 3 TOT TAR 93 TOT GRS

PCS71-3

CLASS RATE: 50 AUTOMOTIVE METAL PARTS
3RD PARTY COLLECT
BILL: DELPHI S, 44025 SAGINAW MI c/o
DATA 2 LOGISTICS P/O BOX 9115 NORWOOD, MA 02362

Trailer#: _____

ShipTime: _____

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Per _____ (Signature of Consignor)	If charges are to be prepaid, write or stamp here, "To be Prepaid".	Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid)	Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amounts prepaid)	Charges advanced: \$ _____	C.O.D. SHIPMENT C.O.D. AMT. _____ Collection Fee _____ Total Charges _____
		THIS SHIPMENT IS CORRECTLY DESCRIBED CORRECT WEIGHT IS _____ LBS			

HAMLIN
TOOL AND MACHINE COMPANY, INC.
1671 EAST HAMLIN ROAD
ROCHESTER, MICHIGAN 48307

Shipper, Per _____

Agent, Per _____

Permanent post office address of shipper

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